

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560319

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		3				
9		3				
10		3				
11		3				
12		3				
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20		3				
21		3				
22	1					
23		3				
24		3				
25		3				
26		3				
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29		3				
30		3				
31		3				
32		3				
33		1				
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39						
40			1			
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47			1			
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		12	←		←
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						